

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/926,761

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2			1			
3				1		
4				1		
5				1		
6			1			
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50						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.			3			
TOTAL CLAIMS			5			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831

Best Available Copy